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APPLICANTS

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** CONTINUING DATA *****
 This appln claims benefit of 60/190,716 03/17/2000 *OK, Pmt*

** FOREIGN APPLICATIONS *****
None, Pmt

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 61	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Examiner's Signature <i>[Signature]</i>	Initials <i>Pmt</i>		

Verified and
Acknowledged

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TITLE
 Soluble mast cell function associated antigen (MAFA) pharmaceutical compositions and methods of making and using them

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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